

## EMERGENCY HOUSING VOUCHER SCREENING

To be completed by referring agency and sent to:  
For Families- [referrals@fhhub.org](mailto:referrals@fhhub.org); For Adults without Children- [sace@hsc-az.org](mailto:sace@hsc-az.org)

### SECTION 1: HOUSEHOLD INFORMATION:

Last Name	First Name	Relationship to Applicant	Birth Date	Documents in Possession
		Applicant		<input type="checkbox"/> ID <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Cert
				<input type="checkbox"/> ID <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Cert
				<input type="checkbox"/> ID <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Cert
				<input type="checkbox"/> ID <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Cert

Check this box if there are additional household members not included above. Information will be collected on these individuals at a later date.

To make contact with the household, the PHA should contact the listed caseworker/liaison or the client directly:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
Client Phone: \_\_\_\_\_ Client Email: \_\_\_\_\_

### SECTION 2: OTHER APPLICANT/HOUSEHOLD INFORMATION AND ELIGIBILITY:

YES NO

- ☐ ☐ Is at least one member of the household a U.S. Citizen or a qualified immigrant? (Must be YES to proceed)
- ☐ ☐ Is any member of the household subject to a lifetime sex offender registration in any state? (Must be NO to proceed)
- ☐ ☐ Has any member of the household ever been convicted of manufacturing or production of methamphetamine on the premises of federal assisted housing? (Must be NO to proceed)
- ☐ ☐ Is at least one member of the household actively engaged in homeless services with a caseworker/service provider? (Must be YES to proceed)
- ☐ ☐ Caseworker/service provider working directly with the household has determined that the household will likely be able to locate and sustain their housing with very minimal support or wrap-around services OR can confirm support services will be provided.

*Example of indicators: Results from an assessment tool in a low or medium acuity range, experience working with and making progress through a case plan with the household, or sustained engagement and responsiveness as the household accesses services.*

What city or town does the client prefer to move to?

### SECTION 3: EHV ELIGIBILITY CATEGORY (See PIH 2021-15 (HA)§ 8.a-d for more information):

Select One of the following options:

☐ **Currently Homeless (Unsheltered): Place not meant for human habitation (e.g. cars, parks, abandoned buildings, streets, sidewalks, parks, etc.)**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

☐ **Currently Homeless (Sheltered): Emergency Shelter**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Shelter Name: \_\_\_\_\_

☐ **Recently Homeless**

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (example: Households in Rapid Rehousing programs, residents of Permanent Supportive Housing Programs, etc.).

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

☐ Emergency Shelter OR ☐ A place unfit for human habitation

☐ **At Risk of Homelessness**

☐ Has an annual income of below 30 percent of median family income for the area.

AND

☐ Does not have sufficient resources nor support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

AND MEETS ONE OF THE FOLLOWING CONDITIONS:

☐ Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.

☐ Is living in the home of another person because of economic hardship.

☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance.

☐ Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals.

☐ Is exiting a publicly funded institution, or system or care (e.g. healthcare facility, mental health facility, foster care or other youth facility, or correction program or institution).

☐ **Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking**

The tenant reasonably believes that there is a threat of imminent harm from further violence if they remain within the same dwelling unit, or in the case of sexual assault, the HUD-assisted tenant reasonably believes there is a threat of imminent harm from further violence if they remain within the same dwelling unit that they are currently occupying, or the sexual assault occurred on the premise during the 90-day period preceding the date of the request for transfer. See PIH 2021-15 (HA)§ 8.c for further details.

**Describe Current Living Situation if currently Homeless: Unsheltered OR At risk of Homelessness**

--

**SECTION 4: REFERRING AGENCY (to be completed by CoC or partner agency):**

Referring Agency, Program, or Provider:	
Referral Representative (Print):	
Authorized Representative Signature:	
Date:	

Coordinated Entry Confirmation (Initial Only)

Date: